

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: INTERACTIVE HANDHELD APPARATUS WITH  
STYLUS

Attorney Docket Number:: 020824-004111US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 15

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: C.  
Family Name:: Wood  
Name Suffix::  
City of Residence:: Orinda  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 27 La Noria  
City of Mailing Address:: Orinda  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94563

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Alice  
Middle Name::  
Family Name:: Chen  
Name Suffix::  
City of Residence:: Oakland  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 3535 Lincoln Avenue  
City of Mailing Address:: Oakland  
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94602

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David

Middle Name::

Family Name:: Goldstein

Name Suffix::

City of Residence:: San Francisco

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 3250 Webster Street #1

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94123

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Mark

Middle Name::

Family Name:: Flowers

Name Suffix::

City of Residence:: Los Gatos

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 119 Los Patios

City of Mailing Address:: Los Gatos

State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 95032

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Joseph  
Middle Name:: B.  
Family Name:: Miller, III  
Name Suffix::  
City of Residence:: San Ramon  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1501 Old Ranch Estates Drive  
City of Mailing Address:: San Ramon  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94583

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michelle  
Middle Name::  
Family Name:: Fitts  
Name Suffix::  
City of Residence:: Hayward  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 3683 Skyline Drive

City of Mailing Address:: Hayward  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94542

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Curtis  
Middle Name::  
Family Name:: Cole  
Name Suffix::  
City of Residence:: Los Altos  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 460 Van Buren Avenue  
City of Mailing Address:: Los Altos  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94022

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Rick  
Middle Name::  
Family Name:: Adolf  
Name Suffix::  
City of Residence:: Sunnyvale  
State or Province of Residence:: CA  
Country of Residence:: US

Street of Mailing Address:: 1385 Fisherhawk Drive  
City of Mailing Address:: Sunnyvale  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94087

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Antonia  
Middle Name::  
Family Name:: Kohl

Name Suffix::  
City of Residence:: Oakland  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1184 Ocean Avenue  
City of Mailing Address:: Oakland  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94608

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Carol  
Middle Name::  
Family Name:: Thies  
Name Suffix::  
City of Residence:: San Rafael  
State or Province of Residence:: CA

Country of Residence:: US  
Street of Mailing Address:: 342 Irwin Street  
City of Mailing Address:: San Rafael  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94901

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Designation::	Representative Number::	Representative Name::
Primary	40,456	Patrick R. Jewik
Associate	39,315	Horace H. Ng

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/446,829	02/10/03
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/512,326	10/17/03

### **Foreign Priority Information**

Country::	Application number::	Filing Date::
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### **Assignee Information**

Assignee Name::  
Street of mailing address::  
City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::